

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	NOT YET ASSIGNED
Filing Date::	09/18/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3732
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PROSTHETIC DEVICES EMPLOYING OXIDIZED ZIRCONIUM AND OTHER ABRASION RESISTANT SURFACES CONTACTING SURFACES OF CROSS- LINKED POLYETHYLENE
Attorney Docket Number::	HO-P02228US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	1
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	L.
Family Name::	Evans
City of Residence::	Bartlett

State or Province of Residence:: TN  
Country of Residence:: US  
Street of mailing address:: 6434 Hawks Call Lane  
City of mailing address:: Bartlett  
State or Province of mailing address:: TN  
Postal or Zip Code of mailing address:: 38135

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gordon  
Family Name:: Hunter  
City of Residence:: Memphis  
State or Province of Residence:: TN  
Country of Residence:: US  
Street of mailing address:: 8394 Drury Lane  
City of mailing address:: Germantown  
State or Province of mailing address:: TN  
Postal or Zip Code of mailing address:: 38139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: E.  
Family Name:: Brosnahan  
Name Suffix:: III  
City of Residence:: Germantown  
State or Province of Residence:: TN  
Country of Residence:: US  
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City of mailing address:: Germantown  
State or Province of mailing address:: TN  
Postal or Zip Code of mailing address:: 38139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Tanzania, United Republic of  
Status:: Full Capacity  
Given Name:: Shilesh  
Middle Name:: C.  
Family Name:: Jani  
City of Residence:: Germantown  
State or Province of Residence:: TN  
Country of Residence:: US  
Street of mailing address:: 7075 Vineyard Way  
City of mailing address:: Germantown  
State or Province of mailing address:: TN  
Postal or Zip Code of mailing address:: 38138

**Correspondence Information**

Correspondence Customer Number:: 26271

**Representative Information**

Representative Customer Number:: 26271